PROVINCE OF SASKATCHEWAN

09-10

MINISTRY OF HEALTH

MINISTRY PLAN FOR 2009-10

Statement from the Minister

Since November 7, 2007 our Government has accepted the honour, bestowed by the people of Saskatchewan, to lead our great province into a bright and prosperous future.

As Minister of Health, I accepted the responsibility for helping to deliver on our Government's plan for Securing the Future. I present to you, within these pages, my Ministry's Plan for 2009-10. In this Plan we identify how our strategies for the health sector align with Government's vision for a secure and prosperous Saskatchewan, leading the country in economic and population growth, while providing opportunity for a high quality of life for all.

The 2009-10 Budget enables us to maintain health services for Saskatchewan residents and allows strategic investments to improve the health of Saskatchewan people. I will report on our plan and my Mandate Letter commitments in the Ministry's Annual Report.

The Honourable Don McMorris
Minister of Health

Mandate Statement

The Ministry strives to improve the quality and accessibility of publicly funded and publicly administered health care in Saskatchewan. Through leadership and partnership, Saskatchewan Health is dedicated to achieving a responsive, integrated and efficient health system that puts the patient first, and enables people to achieve their best possible health by promoting healthy choices and responsible self-care.

Response to Government Direction

Ministry Plans for 2009-10 align with Government's vision and goals and the key priorities for 2009-10, as presented in the Government Direction for 2009-10. The 2009-10 Plan communicates a high-level framework for the Ministry's activities over the coming year and reflects the Ministry's primary areas of focus. Together, all ministries support Government's three goals, working towards a secure and prosperous Saskatchewan.

Strategies and Actions

Government Goal – Economic Growth

Sustain Economic Growth for the benefit of Saskatchewan people, ensuring the economy is ready for growth and positioning Saskatchewan to meet the challenges of economic and population growth and development.

Strategy	Key 2009-10 Actions
Establish the health sector as a workplace that is effective at retaining and recruiting workers	• Develop a 10-year comprehensive health human resource plan that builds on all of the learnings from recruitment and retention initiatives recently sponsored and the Patient First Review. • Continue to implement the Saskatchewan Union of Nurses (SUN) / Provincial Government Partnership Agreement to stabilize the nurse workforce. • Continue to implement government's commitment, in collaboration with Advanced Education, Employment and Labour (AEEL) to create 40 new undergraduate (physician training) and 60 new post-graduate (residency training) seats as part of the Physician Training Strategy. • Work with stakeholders to strengthen recruitment and retention efforts to increase the number of doctors in Saskatchewan including the development of a physician recruitment strategy.
Improve the quality, efficiency, and cost effectiveness of the health system by ensuring access to the required equipment, capital, and electronic infrastructure	• Develop a 10-year capital plan (facilities, equipment and information technology) which will incorporate environmental stewardship practices.
Demonstrate system-wide improved performance through the adoption of quality improvement methods and approaches	• Improve efficiency, productivity and the quality of care by introducing in the Ministry, the regional health authorities (RHAs) and the Saskatchewan Cancer Agency (SCA), a culture of "lean", which is a patient-centered approach that focuses on creating more value for customers by eliminating activities that are considered waste. • Expand the implementation of Releasing Time to Care (RTC) across health regions, which improves the quality of care for acute nursing units by freeing up a caregiver's time for more direct patient care. • Develop a framework to ensure that RHAs are responsible and accountable for the effective and efficient use of public funds. • Continue investment in safety equipment and training to support the establishment of targets in reducing workplace injuries and time lost to illness and injury.

Government Goal – Security

Secure Saskatchewan as a safe place to live and raise a family where people are confident in their future, ensuring the people of Saskatchewan benefit from the growing economy.

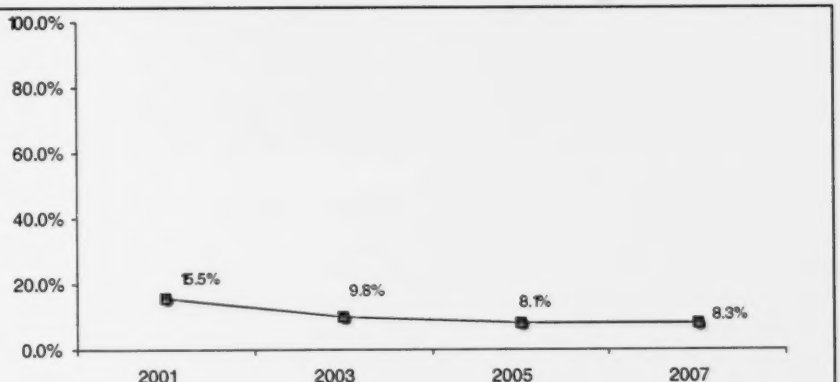
Strategy	Key 2009-10 Actions
Develop and implement a Saskatchewan model of individual and family-centred health care	• Complete a Patient First Review of the health care system with input from patients, health care providers, stakeholders and the public. • Research, develop and implement a Saskatchewan model of patient-centred care that is informed by the outcomes of the Patient First Review. • Implement new Patient Exit Surveys to measure the quality of patient experience with the health care system conducted by the Health Quality Council.
Develop and implement a cross-Ministry strategy/ approach for promoting healthy living	• Develop and implement a comprehensive tobacco control strategy over three years (2009, 2010, and 2011). • Develop and implement a mental health strategy that brings together health and community workers, community-based organizations and other stakeholders. • Produce a comprehensive provincial health status report that will inform the development of strategies to promote, improve and maintain the health of Saskatchewan residents. • Ensure compliance with standards of infection control, as well as the adoption of best practices in infection control, in order to protect the health of all residents and ensure public safety.
Develop and implement a strategy to better manage surgical waitlists and improve access to care	• Increase provincial capacity to meet demand for specialized diagnostic imaging to ensure that access to specialized diagnostic imaging services is not a barrier to reducing the surgical waitlist. • Improve access to services including the reduction of surgical wait times.
Develop and implement a strategy for improving access to care	• Expand the number of drugs covered under the provincial drug plan. • Strengthen cancer care screening and prevention including phased implementation of a new colorectal cancer screening program. • Support development of a Stroke Prevention Clinic and Integrated Stroke Rehabilitation Pilot Program, and the expansion of the Alzheimer Society of Saskatchewan – First Link Program to rural areas to address access to care. • Develop a strategy for delivering services to residents living in rural and remote parts of the province. • Develop responses to the recommendations of the Emergency Medical Services and Air Medical Services Reviews.
Continue to work with vulnerable populations to close the gap in health disparities	• Implement Saskatchewan's plan under the Aboriginal Health Transition Fund that provides funding to better adapt provincially-delivered health services to meet the needs of Aboriginal peoples. • Build formal partnerships and relationships with organizations such as the Federation of Saskatchewan Indian Nations (FSIN), the Métis Nation – Saskatchewan (MNS), and Northern Inter-Tribal Health Authority, to make meaningful changes to provincial health programs and services to better meet the needs of First Nations and Métis people. This includes $250,000 to develop a First Nations health and well being plan and an enhanced Métis partnership on health.

Government Goal – Promises

Keep Government's Promises and fulfill the commitments of the election, operating with integrity and transparency, accountable to the people of Saskatchewan.

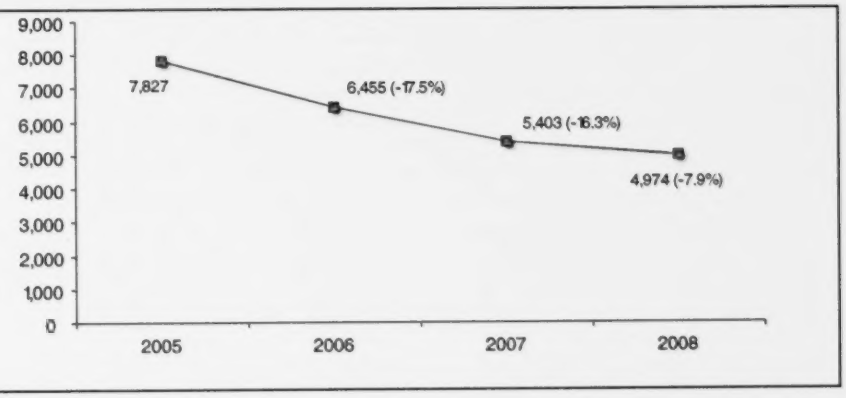
Strategy	Key 2009-10 Actions
Ensure health system priorities and actions are consistent with public expectations and those across Government, the Ministry, the Regional Health Authorities, health care organizations, and health providers	• Enter into a western Canadian partnership regarding strategies and policies to influence the pricing and purchasing of pharmaceuticals. • Set new performance targets for RHAs, the Saskatchewan Cancer Agency and other health care agencies. • Analyze the findings and recommendations arising from the Patient First Review and explore options and strategies for addressing issues and gaps that may be identified in the Review.

Performance Measures

Measure	Baseline / Trend Line Information
Per cent of daily youth (12-19 years of age) smokers in Saskatchewan	

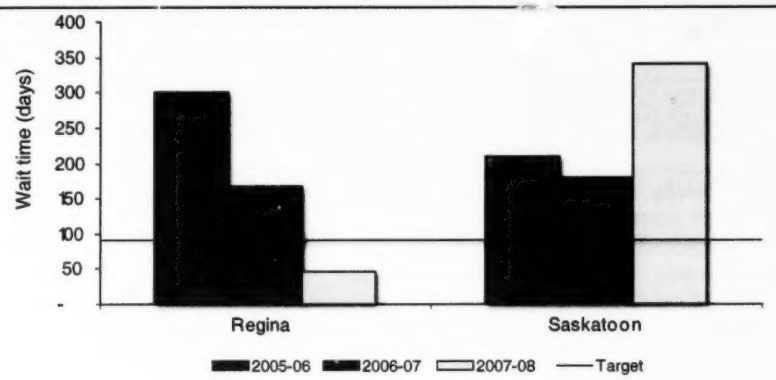
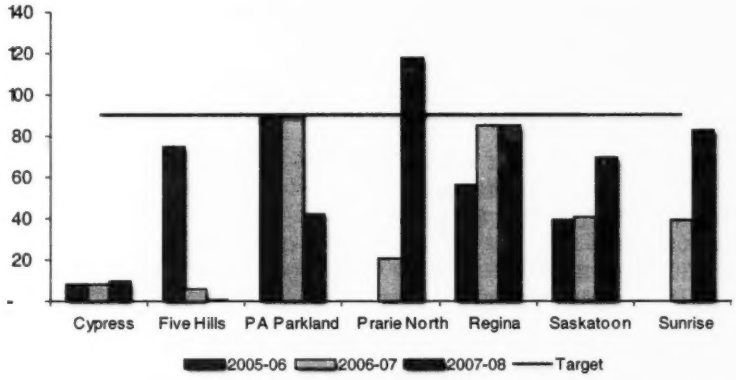
Significance of the Measure

This measure is an indicator of the health of the population. Tobacco use is the leading cause of preventable illness and death in Canada. Because of the addictive nature of nicotine, it is necessary to develop prevention and promotion strategies that deter youth from beginning to smoke. The per cent of youth smokers is a long-term measure. Since 2001, the rate of daily youth smokers (12-19 years of age) in Saskatchewan has dropped by almost 50 per cent. The Ministry of Health, regional health authorities, Health Canada, and the public all play a role in changing smoking behaviour. Changing personal behaviour is often a lengthy process and is affected by factors outside the influence of the Ministry.

Number of patients waiting longer than 12 months for surgery	

Significance of the Measure

Saskatchewan's regional health authorities are targeting long-waiting patients in their efforts to reduce waiting times for surgery. This measure shows the number of patients on the wait list, as of a given date, who have waited longer than a year for surgery.

Measure	Baseline / Trend Line Information
Historical elective Magnetic Resonance Imaging (MRI) wait times by health region	
Historical elective CT Scan wait times by health region	

Significance of the Measure

The above charts show maximum wait time for an elective patient requiring a MRI or a CT Scan on March 31st of 2006, 2007 and 2008 as reported by the regional health authorities to the Ministry of Health. The target time for a patient to receive an elective MRI or CT Scan procedure is within 90 days.

Performing MRI scans assists specialists in diagnosing patients and choosing appropriate treatment. A patient's wait time is an indication of how quickly a patient's clinical condition can be diagnosed and treatment decisions made. A patient's priority to receive an MRI scan is determined by the patient's physician and the radiologist based on a provincial Urgency Classification System (see information below).

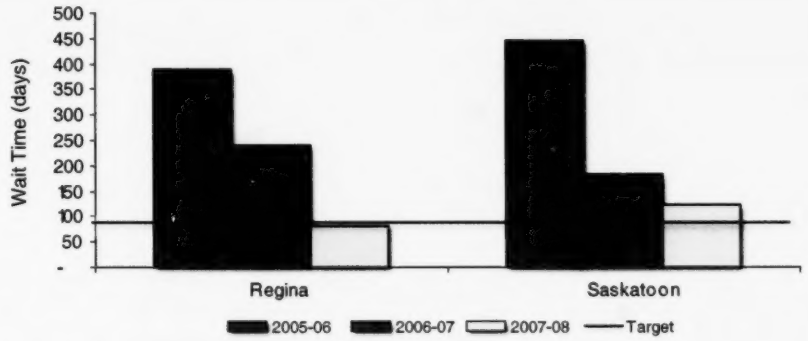
Performing CT Scans assists specialists in diagnosing patients and choosing appropriate treatment. A patient's priority to receive a CT Scan is determined by the patient's physician and the radiologist based on the same provincial Urgency Classification System.

URGENCY CLASSIFICATIONS:

Level 1- Emergency - Targeted time frame: 0 - 24 hours (Level 1 Wait Times are defined as emergent, and services are provided within 24 hours of request, thus wait times for this urgency level are not reported in the above table. Strokes and unconscious patients in emergency are examples of level 1 exams).
Level 2- Urgent - Targeted time frame: 2 - 7 days
Level 3- Semi-Urgent - Targeted time frame: 8 - 30 days
Level 4- Elective - Targeted time frame: 30 - 90 days

Measure	Baseline / Trend Line Information

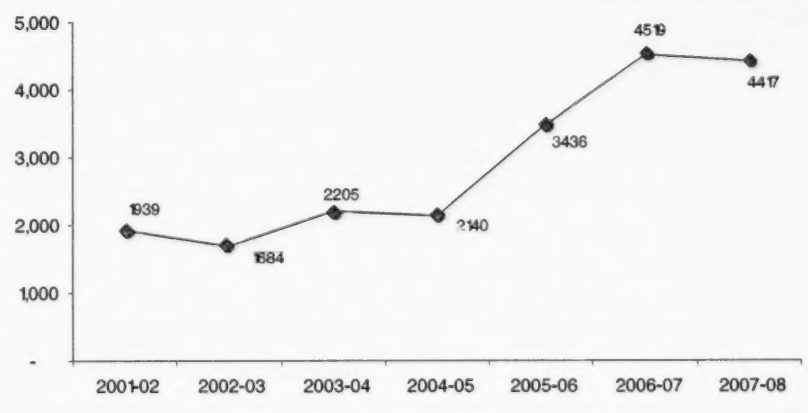
Historical Bone Mineral Density (BMD) wait times by health region.



Significance of the Measure

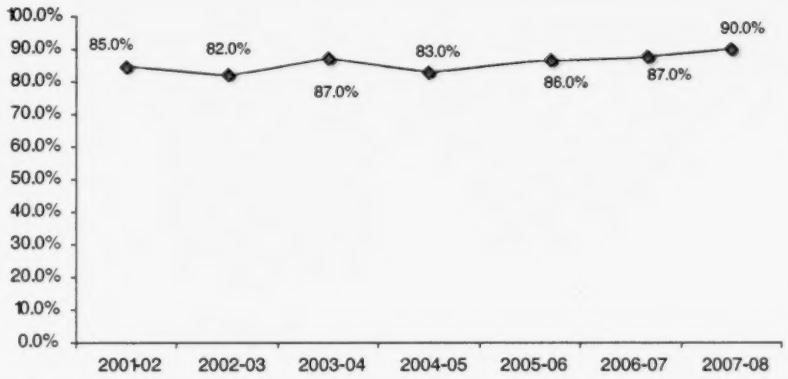
The above chart shows maximum wait time for an elective patient requiring a bone mineral density scan on March 31 of 2006, 2007 and 2008 as reported by the regional health authorities to the Ministry of Health. The target time for a patient to receive an elective BMD procedure is within 90 days. A BMD test is a screening method to identify patients with reduced bone mass. BMD testing allows for early detection of patients at risk for bone fractures and related injuries and for prescription of appropriate treatments to reduce their risk. As a preventative tool, BMD testing is aimed at identifying patients with potential for developing osteoporosis. Early detection and treatment can assist in reducing potential injury to patients.

Number of clients contacting Quality of Care Coordinators (QCC).



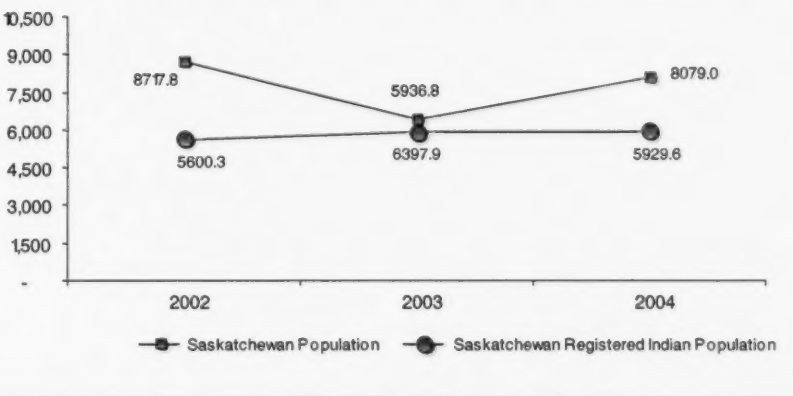
Significance of the Measure

Regional health authorities are required to report a summary of their client concern information (without any identifying or case-specific information) to the Ministry. This information is one way of tracking the volume of health care concerns and identifying areas to target for quality improvement. The number of client contacts is in part representative of the success of regional health authorities and the Ministry of Health in publicizing the role and responsibilities of the Quality of Care Coordinators in resolving client concerns. This long-term measure is influenced by promotion and data collection efforts of regional health authorities. As the Ministry is not a direct health service provider, the influence on this measure is impacted by the quality of services provided by regional health authorities.

Measure	Baseline / Trend Line Information
Per cent of Quality Care Coordinator (QCC) contacts concluded within 30 days	

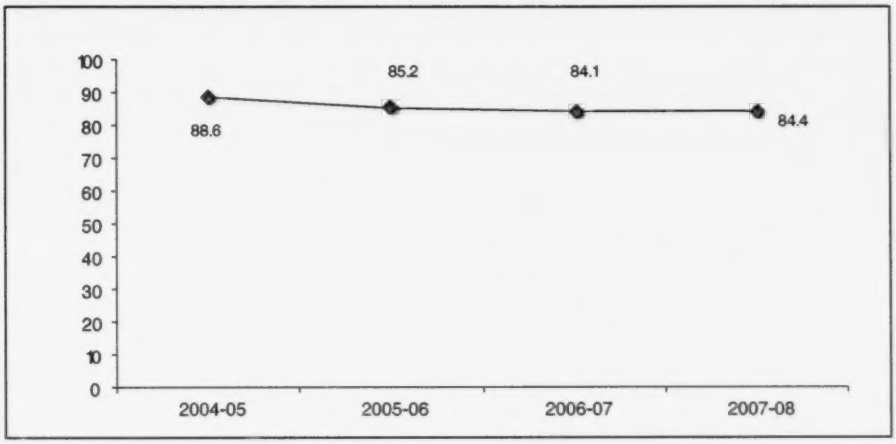
Significance of the Measure

In addition to tracking the volume of concerns, QCCs also record how quickly each concern was concluded. A concern is determined to be concluded from the regional health authority's perspective when the QCC provides a written or oral response regarding the issue raised. Conclusion of a concern does not necessarily represent resolution or satisfaction for the client who reported the concern. Rather, it represents the conclusion of the investigation/intervention process and the sharing of those outcomes with the client. The Ministry of Health requires partnerships with regional health authorities to ensure that reports of client concerns are accurately recorded and relayed to the Ministry.

Measure	Baseline / Trend Line Information
Potential years of life lost (PPYL) due to premature death	

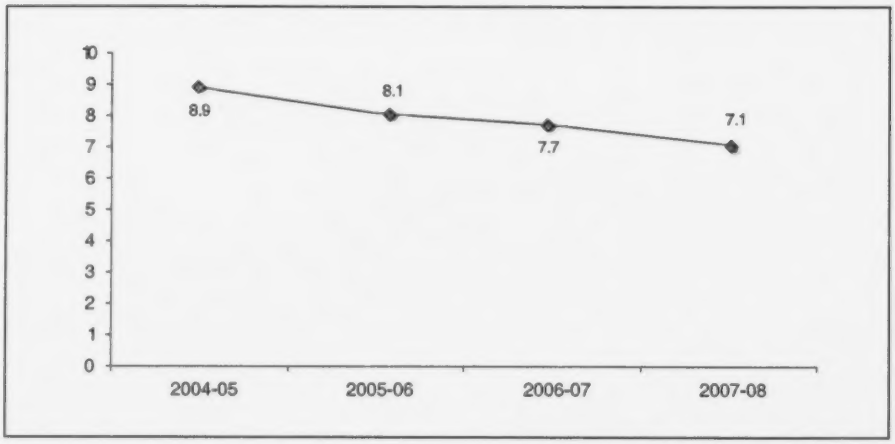
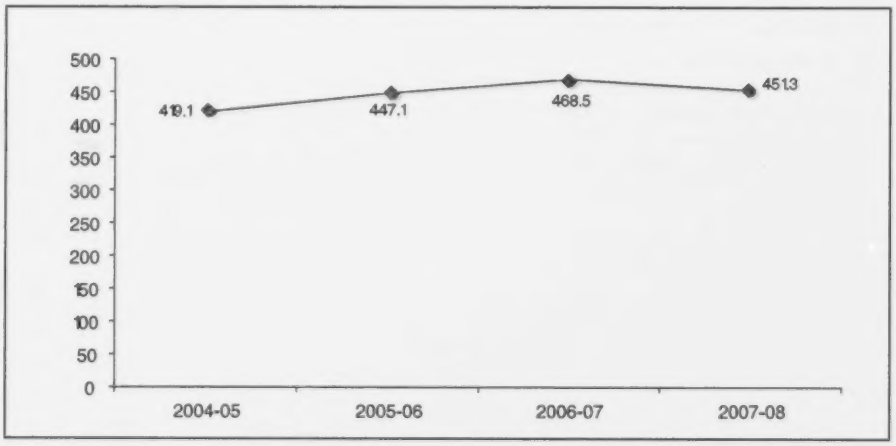
Significance of the Measure

Potential years of life lost (PYLL) is the number of years of life lost when a person dies prematurely from any cause – defined as dying before age 75. A person dying at age 25, for example, has lost 50 years of life. This long-term measure focuses on deaths among the non-elderly and reflects success in preventing or postponing premature death. This premature loss of life has social and economic consequences and is an overall indicator of the effectiveness of preventive programs, as well as the health and well-being of the population. This is a broad level measure, where influence is limited by the broad determinants of health. It is less a measure of health system performance than overall socio-economic and environmental circumstances.

Measure	Baseline / Trend Line Information
Average annual number of sick leave hours per Full Time Equivalent (FTE)	

Significance of the Measure

The Ministry monitors sick leave usage by healthcare workers as an indicator of the quality of the workplace, staff morale and job satisfaction. Absence from the work place as a result of illness or injury constitutes a significant proportion of total absence. Literature has consistently shown that as morale improves, rates of absenteeism decline. In addition, workplace injuries take a toll on workers and their families and also place a large burden on the health care and compensation systems.

Measure	Baseline / Trend Line Information
Average annual number of lost-time Workers' Compensation Board (WCB) benefits claims per 100 FTEs	
Average annual number of lost-time WCB days per 100 Full Time Equivalents (FTEs)	

Significance of the Measure

Absence as a result of illness or injury constitutes a significant proportion of total absence from the workplace. The reduction in lost time WCB claims is a positive result, reflective of the impact of a new attendance management program, improved focus on occupational health and safety programs, and increased use of the Saskatchewan Association of Health Organization's (SAHO) Transfer, Lifting and Repositioning program. While sick leave hours and WCB claims are decreasing, the severity of the claims has resulted in an increase in lost time as a result of those claims.

Financial Summary

Highlights of Appropriation and Expense 2009-10

2009-10 Estimates	(in thousands of dollars)
Central Management and Services	16,635
Regional Health Services	2,825,347
Provincial Health Services	193,793
Medical Services and Medical Education Programs	653,789
Drug Plan and Extended Benefits	375,818
Early Childhood Development	10,504
Provincial Infrastructure Projects	10,485
Ministry Appropriation	**4,086,371**
Capital Asset Acquisitions	(12,516)
Capital Asset Amortization	1,368
Ministry Expense	**4,075,223**
FTE	668.1

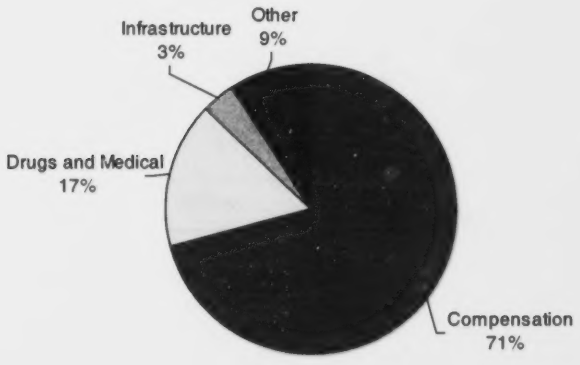
For more information, see the Budget Estimates at:
http://www.finance.gov.sk.ca/budget/2009-10

BUDGET HIGHLIGHTS

The following are key announcements being made in the 2009-10 Budget:

- $200 million will be provided over two years to the Saskatoon Health Region for the development of a Children's Hospital to improve health care and build a better future for Saskatchewan families;
- Investment will be made in recruitment, retention and training health providers to ensure that the residents of Saskatchewan have adequate access to health care professionals; and,
- Additional new investments to support:
  - development of a provincial mental health strategy that brings together health and community workers, community-based organizations and other stakeholders;
  - work on tobacco reduction initiatives that will help to address the leading cause of preventable illness and death in Canada;
  - enhanced infection control activities to protect the health of all residents and ensure public safety;
  - $250,000 will be invested in the development of a First Nations Health and Well-Being Plan and an enhanced Métis partnership on health. These will help build formal partnerships and relationships with various organizations to better meet the needs of First Nations and Métis people; and,
  - services and supports to individuals and families with Alzheimer's disease including $50,000 for the expansion of the Alzheimer Society of Saskatchewan – First Link Program to rural areas.

Health's 2009-10 Expense Budget by Cost Type



For More Information

Please visit the Ministry's website at www.health.gov.sk.ca for more information or call 1-800-667-7766.